

The ExtraCare Charitable Trust

# ExtraCare Charitable Trust Brunel Court

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We inspected this service on 24 March 2016. This was an announced inspection and we telephoned the provider one day prior to our inspection, in order to arrange home visits with people. At our last inspection in October 2013, the provider met all the regulations we looked at.

The service provides care and domiciliary support for older people and people with a learning disability who live in their own apartment within the Extracare complex. There are 35 apartments and the provider carried out personal care support visits to 21 people. Some people who live in the service did not receive any support and were independent.

There was a registered manager in the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe when being supported and staff knew how to protect people if they suspected they were at risk of abuse or harm. People understood how to act if they felt vulnerable and were confident they would be supported to raise their concerns. The staff had received training to identify potential abuse and knew who to report their concerns to so that people could be protected.

People's preferences were considered and incorporated in their support plan. There were regular reviews of people's care to ensure it accurately reflected their needs. People were supported by staff who had the knowledge and skills to provide safe care and support and had a good understanding of the specific risks to each person and what they should do to minimise these. There were sufficient staff available to meet the needs of people who used the service in a way that they wanted. The provider carried out appropriate checks on staff to ensure they were suitable and fit to work in the service.

People were supported to eat and drink what they liked. Where concerns were identified, people received support from health care professionals to ensure their wellbeing. Medicines were managed safely and people received their medicines at the right time, as prescribed.

People were treated with dignity and respect and had their choices acted on. The staff were kind and caring when supporting people. People were confident that staff supported them in the way they wanted and knew people's likes and dislikes.

People were supported to make decisions and choices about their care and support needs. They were supported in such a way as to retain as much control and independence over their lives as they wanted.

People enjoyed the activities and opportunities to socialise. People were able to stay in touch with people who were important to them as visitors could come to the service at any time.

People knew who to speak with if they had any concerns and they felt these would be taken seriously. Arrangements were in place so that actions were taken following any concerns which were raised.

Quality assurance systems were in place to assess and monitor the quality of the service and the focus was on continuous improvement. People and staff were involved in developing the service and there was strong leadership which promoted an open culture and which put people at the heart of the service. There was regular communication with people and staff whose views were gained on how the service was run; their views were used to make continuous improvements.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from potential harm as staff knew how to recognise the signs that could indicate people were at risk of abuse. Staff knew how to report any concerns to ensure people were protected. Known risks to people's safety and welfare were minimised and managed by staff to keep people safe from injury and harm. People were supported to receive their medicines as prescribed. There were enough staff to care for and support people and checks of their suitability and fitness to work in the service was carried out.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received regular training and support to ensure they could meet people's needs. Staff gained people's consent and understand how to act where people no longer had the capacity to make decisions. People were supported to eat well and to stay healthy. When people needed care and support from healthcare professionals, staff ensured people received this promptly.

### Is the service caring?

Good ●

The service was caring.

People were happy with the staff that supported them and who treated them with respect. Staff knew how to maintain people's privacy and dignity when they were providing them with care and support. Staff knew people well, including their preferences and wishes for how they wanted to be cared for and supported.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support and had support plans which had been developed to ensure they were supported how they wanted. Support plans reflected their

individual choices and preferences were reviewed regularly to ensure it continued to meet their needs. People were supported to be involved with activities which interested them. Arrangements were in place to deal with people's concerns and complaints.

**Is the service well-led?**

**Good** ●

The service was well led.

The provider, registered manager and staff were approachable and responsive and people were encouraged to share their views and suggestions for how service could be improved. Checks to assess and monitor service standards were carried out and learning from incidents and events was used to drive improvements within the service.

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## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 24 March 2016 and was announced. The provider was given one days' notice because the location provides a domiciliary care service and we wanted to make sure people and staff were available to speak with us. One inspector carried out this inspection.

We reviewed the information we held about the service. We asked the provider to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information about the service such as notifications they are required to submit to the Commission.

We used a range of different methods to help us understand people's experience. We visited two people in their apartment and six people in the on-site restaurant; we spoke with five staff and the registered manager. We used this information to make a judgement about the service.

We looked at three people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

# Is the service safe?

## Our findings

People told us they felt safe when they received care and were satisfied with the security arrangements for their home. People lived in a rented apartment within the complex and there was a communal entrance; this required people or staff to remotely open the door and let people in. One person told us, "I've never felt so safe. I can see the security lights from my room and I know people can't get in at night. It's very reassuring." Another person told us, "When family or friends visit, we can buzz them in and they can visit at any time. We always check we know who it is. If we were worried we wouldn't open the door and can get in touch with the staff as there's always someone here." One person told us, "I used to be frightened when I lived on my own but I'm not frightened any more. It's a lovely place to be."

People told us they were safe when being supported by staff and knew what to do if they felt they were at risk of abuse as this had been discussed at 'Street meetings'. These were meetings where residents of the Extracare complex met to discuss any issues or future developments. One person told us, "We know who to speak with and what to do if anyone does anything they shouldn't. The staff remind us that we have the right to be well looked after." A member of staff told us, "We felt it was important that people knew about abuse and what to do if they were concerned. It's not just about staff knowing what to do; we make sure people know too." Staff knew how to protect people from the risk of abuse, neglect or harm and had received training in how to safeguard adults. Staff understood the signs of potential abuse and what steps to take to ensure people were sufficiently protected. One member of staff told us, "We all know the importance of keeping people safe and making sure we report anything we are concerned with." The registered manager had informed us of incidents that had taken place and liaised with the local authority where appropriate to take action to prevent possible further harm.

People were protected from the risk of potential harm as staff knew people well and had identified where people needed support. Staff demonstrated a good understanding and awareness of the risks people faced and how they could support them to stay safe whilst enabling them to retain independence. One person told us, "The staff are there when we need them but let us be independent when we want to. They never take over, but help us out. It's reassuring that there's always someone around and I have my emergency pendant on all the time. If I need them I will call them and they would be there." Another person told us, "The staff spoke about what I needed to do to get around and made sure I had everything I needed. I'm more independent now than I've been for a long time because of the help they've given me." Staff respected people's decisions about the support they wanted. The care records included information on how to minimise identified risks and these were reviewed to ensure staff had access to the latest information to ensure people were sufficiently protected.

There was sufficient staff to provide people with the agreed level of support and people told us they were reliable and they could choose when to receive support. One person told us, "That's one of the good things about being here, is that staff are around. I don't have to worry about staff getting stuck in traffic because I know they are here. If they are going to be late, it's only usually for a few minutes and that will be because someone needs extra help, so I don't mind." Systems were in place which identified whether people received their support at the agreed time and staff told us to ensure consistency they covered all the shifts

from the existing staff team. One member of staff said, "We like to cover the shifts in the team. We know people and what they want and it means there is consistency. We only use agency staff as a last resort." The staffing had been organised in advance and took account of the level of care and support people required from staff. People were generally supported by the same staff which helped to ensure they experienced consistency and continuity in their care.

When new staff started working in the service, recruitment checks were in place to ensure they were suitable to work with people. The staff's suitability for the role was checked by obtaining references, having a police check and confirming the validity of their qualifications, previous experience and training.

People were supported to take their medicines and have creams applied. Most people were independent and retained responsibility for their medicines and these were dispensed in blister packs. One person told us, "I can get to my medicines when I need them. The staff ask me if I've taken them but I only need help with some creams." Another person told us, "I sometimes find it hard to get them out of the packet and staff help me. I know what I have to take and when the staff help me, they write it down on the sheet." Staff had received training to safely administer medicines to people and one member of staff told us, "We don't give out any medicines until we've had the training and we've been checked so they know we do it right. When we have spot checks the senior staff check to make sure we are still okay." We saw where medicines had been administered the medication administration record was completed and systems were in place to ensure these accurately recorded when people received their medicines.



## Is the service effective?

### Our findings

People retained responsibility for managing their health care and they were supported to have a healthy lifestyle and given advice to help with their wellbeing. There was a wellbeing nurse one day a week in the service and people received an assessment to ensure staff knew how they needed to be supported to keep well. They told us, "People are assessed yearly to look at their weight, height and blood sugars. If we find any concerns we forward this information with people's consent to the doctor or district nursing team. People's health needs were reviewed by the wellbeing nurse and health promotion classes were organised. They told us, "The last health promotion group talked about 'healthy ageing' and we try and do this in a fun way, so we are not always preaching but the message gets across. It's a real team effort and we can only do this successfully if people work with us." One person told us, "The staff are very responsive. If there's anything wrong at all they act straight away. It's nice to be so well looked after." People said they could choose whether to inform staff about personal medical issues. One person told us, "I can call the doctor and it's up to me whether I let them know or not. I've got nothing to hide and I know they'd want to know if I'm not well but they don't pry."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the provider was working within the principles of the MCA, and if people who used the service had capacity to make decisions. Staff understood how to act where any changes were identified. One member of staff told us, "We've had capacity training and we focus on what people can do and not on any condition like dementia, and we always ask for people's consent. If we had any concerns about how people could make decisions then we would look at completing an assessment and making decisions in people's best interests." People confirmed that before any care or support was given, the staff sought their consent. One person told us, "The staff wouldn't dream of just doing something without asking first."

New staff received an induction into the service and this included training for the skills people would need. Where staff didn't have a care qualification and experience, new staff completed the care certificate. This had been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "New staff shadow experienced staff for three weeks and go through all the policies and procedures and learn about how to do things the 'Extracare way'. We go through medication but new staff can't do this alone until they have been assessed as competent. There's also a role appreciation shift where staff work alongside someone from a different area in the service. So if you work in care, then you shadow someone who doesn't do a care job. This is really good as it means you get to appreciate the part other people play in this organisation."

Staff continued to receive support and training to meet the assessed needs of people who used the service. One member of staff told us, "The manager is always looking at opportunities for us to develop. I'm a moving and handling trainer and I am responsible for training new staff and making sure staff have all the updates. It helps being here because I'm available when I'm needed and I can support the staff with any new assessment or activity." People received training to support people with dementia. The staff told us that one member of staff worked as a 'locksmith'. A member of staff told us, "We have a locksmith here to support people with dementia. A locksmith helps people come to terms with where they are. When people's world is collapsing, we can help them get through this. We've seen some big changes in people because of this support. For example, it can be something simple like recognising that people need a large clock so they can see the time. One person didn't know the time because they had a digital one; we bought a traditional style and this helped them to recognise time." People who used the service understood the role of the locksmith and one person told us, "The locksmith will sometimes come to our meetings and tells us about how they can help us. If we need them they are there."

People had choice and flexibility about the meals they ate. People could choose to prepare and cook food or there was a restaurant on site where they could purchase a meal. One person told us, "I like to come to the restaurant as I get to meet my friends. I have food that staff will prepare for me if that's what I want." The wellbeing nurse supported people to manage their weight and diet. They told us, "We monitor people's weight and if we identify a concern we support people to manage it. We work closely with the chefs to ensure people's nutritional needs were being met and a variety of healthy meals were provided. A weight management and health promotion group was organised each month and people could choose whether they wanted to go and get advice." One person told us, "We have meetings and they talk about food and diet. We are never preached to and can eat what we want; they just give us advice. If we don't want to go to the meetings to hear about things then we don't have to."

## Is the service caring?

### Our findings

People told us that staff were consistently caring and kind and that they felt very comfortable with them. One person told us, "The staff are very kind." Another person told us, "I've just moved in and I've been really well looked after, the staff are lovely." We saw people laughing and chatting with each other and with staff in communal areas. People told us they had developed friendships with other people and with staff and these relationships were evident. One person told us, "It's a lovely place to live. I couldn't wish for a better place and I have friends here now."

People said that staff respected their privacy and dignity when supporting them with personal care and visiting their home. One person told us, "I have my own shower and the staff make sure I am safe and then they wait outside the door so I can wash in private. I prefer it this way." People were happy with the staff that supported them. They told us staff treated them with respect and listened to what they had to say. One person said, "If they come and visit, they knock on the door and wait for me. They never assume its okay to come in, even when the door is unlocked."

The provider had taken steps to ensure people were treated fairly and in a non-discriminatory way. The staff had received training in equalities and diversity and told us this included understanding how to respect and uphold people's beliefs, choices and rights and to provide care and support which did not discriminate against these. One member of staff told us, "We need to recognise what is important for people. It doesn't matter what training we have though, we always remember to ask people what matters to them."

The staff knew people well including their preferences and wishes for how they wanted to be cared for and supported. They demonstrated a good understanding and knowledge of people's life histories, the things that were important to them and how they wanted to be supported. People were encouraged and supported to be independent and one person told us, "The good thing about living here is that I can be independent. I do what I want but know that staff are here if I need them. I want to keep doing my own thing for as long as I can and the staff respect this."

The provider ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely so that personal information about people was protected. People had a copy of their care records in their apartment and could choose who had access to these. One person told us, "I trust the staff so don't always look at it. My family do and it helped me to remember what's been happening."

## Is the service responsive?

### Our findings

People experienced care and support which met their specific needs. One person told us, "When I moved here we talked about what I wanted and how they could help me. They visit me every month and check everything is how I need it and I let them know if I want anything changed." A person told us, "I know everyone that comes to support me and they know what I want and what I want support with. They've been with me quite a while and I'm really happy with what they do." A member of staff told us, "The plans are really in depth and give us all the information we need. I always check the care plan before I start doing anything. We usually have the same run so I know everyone really well, but I still check in case I miss anything." People had a support plan which included how their specific care and support needs should be met and reflected their specific likes, dislikes and preferences. The plans also contained personal information to help staff plan future care or activities. One member of staff told us, "We do a biography with people and this helps us to get to know them and to tailor our other services towards what people like and want. For example, the activities we do or places we visit. We respect that some people don't want to talk about their past and people they have lost and that's fine."

People's support was reviewed monthly to identify any changes that may be needed. Where changes had been identified people's plans were updated to reflect this so that staff had the information needed to support people. A member of staff told us, "We have the same rota so it means we support the same people and get to know them really well. I always look in the care plan at the beginning of the visit to check anything has changed. This is the same when supporting someone different; I look at the care plan and ask people what they want." Staff were kept informed of any changes to support through a daily meeting. One member of staff said, "We have a 'line up at eleven' every day which all the staff get involved with and this lets us know if there are any developments in the service, any changes with people's care and if there are any concerns."

People were supported to pursue activities and interests that were important to them. The Extracare environment enabled people to be involved with activities which were organised to meet their hobbies and interests. The notice board displayed the daily organised activities and events. One person told us, "I used to think retirement was about taking things easy but I've never been busier and I love it." Personal care was not provided during these activities and therefore this support is not regulated by us.

The registered manager and staff explored how people could be more involved with community events and groups. One member of staff said, "We are always looking at how we can improve our links with local services and groups. We've been working with volunteers who have been upgrading our garden and it's been really good." One person told us, "The garden is starting to look so much better. They cut the grass this week and I'm looking forward to getting out there. I've been nominated to be in charge of the garden so I really appreciate the work the volunteers have been doing."

People knew who to talk with if they were unhappy or wanted to make a complaint. One person told us, "We had to raise a little concern about the front door and with the kitchen. It was dealt with effectively and efficiently and there were no repercussions. You never feel like you can't raise something." All complaints

were reviewed by the registered manager to identify if there were any common trends. We saw there had been two complaints received in the last twelve months and there was information to demonstrate an investigation was carried out. All complaints were recorded including verbal complaints. One member of staff told us, "We take people's views and concerns very seriously and want them resolved. If we haven't done something right then we will put things right." Another member of staff told us, "I know we have a duty of candour and it's our responsibility to make sure people are safe. If we have done something wrong then we need to put it right and apologise."

## Is the service well-led?

### Our findings

People were consulted about the quality of the service during their support review and through questionnaires. One person told us, "We are sent questionnaires for us to complete and we can tell them what we think." We saw the last satisfaction survey was displayed in the front entrance and demonstrated that people were generally happy with the service and ratings from a previous year had been improved upon. One member of staff told us, "We want to get things right and we work hard to achieve this. I am very proud to work here and we want to keep improving." The registered manager told us, "It's really important for us that quality threads through the whole of the service."

'Street meetings' were conducted and people told us the meetings were an opportunity to meet with other residents and talk about what they felt was important. One person told us, "We look at what we want to do and if anything could be done better. I go to all the meetings and don't want to miss out. At the last meeting we talked about our lives and how this influenced what we want now and where we can go." Another person told us, "I'm very committed to helping other people that live here and making improvements. We can talk about anything at these meetings. They are really useful. If you don't want to go though we all get copies of the minutes so we know what happened there."

Staff felt valued and supported by the provider. One member of staff told us, "I won an award. We have the Liz Taylor awards and I was nominated by one of the people here. It's nice to be recognised for doing something a bit special." Another member of staff told us, "The provider really looks after the staff. We are encouraged to think innovatively and if we put forward an idea that is taken up we are rewarded by having extra leave. It's a lovely incentive and recognises the contribution we make."

The provider had a clear set of values about the quality of care and support people should experience. The staff told us that these values were discussed at 'Street meetings' and staff ensured they were aware of the values and what to do if staff were not upholding these. One person told us, "I've never been happier since I've been here. All the staff are wonderful. They are respectful and courteous and I couldn't wish to live in a better place." The staff told us the values were reinforced through meetings such as supervisions, annual work performance appraisals and staff team meetings. The staff demonstrated they had a good understanding of what was important to people and were focussed on ensuring people received care and support which met their needs.

Staff considered how the care and support they provided met the regulations and standards we inspect against, including whether the service was safe, effective, caring, responsive and well led. One member of staff explained that they considered how to demonstrate the ways they met our standards; we saw examples of what they did and staff had a good understanding of the inspection process and standards to meet. One member of staff told us, "We went through each of the prompts and reviewed how we could meet these. For example, with care plans, we ensure when people move in here we develop a care plan together and then we review this each month to check people are having their needs met. People are able to give feedback to us and if there are any concerns we follow this up. It's been useful going through this and recognising where we do well and if we need to make any improvements."

The provider carried out quality checks on how the service was managed. Learning from incidents and events was used to drive improvements within the service and regular checks to assess and monitor service standards. These checks included medication audits and looking at why people had fallen. Systems were in place to monitor that each person received their call at the agreed time and for the correct length of time. If there were any concerns this was recorded and action taken with staff to ensure improvements were made. Spot checks were completed daily to ensure people were well and appropriately dressed, the apartment was tidy and people were happy. There was a falls prevention plan and where people had experienced a fall these were recorded and staff could identify any previous similar incidents. These accidents were recorded and where people needed further support a referral was made to the falls prevention team or the doctor. One member of staff said, "We've been able to secure more funding for [person who used the service] so they can have more care. We've all worked well together and it's made a difference to their quality of life."

People were involved with reviewing how the service met health and safety standards. Each month one person checked the environment and if any concerns were identified these were given to the maintenance person; we saw they recorded when these tasks were completed. Checks were carried out in the environment to make sure the building and people were safe. Electrical tests and fire tests were completed and people said that they discussed how to safely evacuate from the building in the event of a fire. One person told us, "The staff come around and check everything works around the building. They check the fire doors shut and the alarms work. It's nice not to have to worry about all these things and to know you are safe."

Staff knew about the whistle blowing procedure and were confident about reporting any concerns or poor practice to their managers. One member of staff told us, "I wouldn't hesitate to speak out about something that was wrong. I'd report anything to the team leader but if my problem was with them then I'd go higher or report it straight to the authorities. We know about whistleblowing and it gets stressed how important this is and how we must have courage and act."